This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/440 429

Total Fee Calculation

1 otal Fee Calculation								
	Fee Code	Total # Claims	Number Extra	X	Fee	Fee	_	Total
r	Sm./Lg.				Sm. Entity	Lg. Entity		
Basic Filing Fee	201/101	^_					-	380
Total Claims >20	203/103	-20 -		х				
Independent Claims >3	202/102	2 .3.		x		·	P	
Mult. Dep Claim Present	204/104			-				
Surcharge	205/105	•			-		-	6
English Translation	139				-			
TOTAL FEE CALCULA	ATION							445
Fees due upon filing t	he application:							
Total Filing Fees Due	= 5 4	45	··········					
Less Filing Fees Subm	uined - \$				\			
BALANCE DUE	= \$ 4	45		_	•			
hon Villa	[[30[99	Ì						
Office of Initial Patent	Examination	-						